

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CHS FORM

MEDICATION ORDER SHEET

USE BALL POINT PEN AND PRESS FIRMLY

PATIENT LAST NAME REYES		FIRST NAME JASON		BOOK & CASE NUMBER 3490602628		HOUSING AREA NIC 03		ALLERGIES NKA	
DRUG HC 11 CLEAN		DOSE 85		ROUTE PO		FREQUENCY BID		DURATION 14d	
INDICATION									
3									
DRUG		DOSE		ROUTE		FREQUENCY		DURATION	
INDICATION									
DRUG		DOSE		ROUTE		FREQUENCY		DURATION	
INDICATION									
DATE 4/26/06		TIME		PRESCRIBER SIGNATURE [Signature]		STAMP Harjinder Bhatti, MD		RPH Thomas Schwane, PA	
PATIENT LAST NAME REYES		FIRST NAME JASON		BOOK & CASE NUMBER 3490602628		HOUSING AREA NIC 03		ALLERGIES NKA	
DRUG NEURONTIN		DOSE 300mg		ROUTE PO		FREQUENCY TID		DURATION 14d	
INDICATION PER PAIN MGN (BELLERME)									
2									
DRUG		DOSE		ROUTE		FREQUENCY		DURATION	
INDICATION									
DRUG		DOSE		ROUTE		FREQUENCY		DURATION	
INDICATION									
DATE 4/26/06		TIME		PRESCRIBER SIGNATURE [Signature]		STAMP Harjinder Bhatti, MD		RPH Thomas Schwane, PA	
PATIENT LAST NAME REYES		FIRST NAME JASON		BOOK & CASE NUMBER 3490602628		HOUSING AREA NIC 03		ALLERGIES NKA	
DRUG OXYCONTIN SR		DOSE 20mg		ROUTE PO		FREQUENCY BID		DURATION 7d	
INDICATION PER PAIN MGN (BELLERME)									
1									
DRUG CAMBALTA		DOSE 60mg		ROUTE PO		FREQUENCY QD		DURATION 7d	
INDICATION PER PAIN MGN (BELLERME)									
DRUG PROVIGIL		DOSE 200		ROUTE PO		FREQUENCY QAM		DURATION 7d	
INDICATION PER PAIN MGN (BELLERME)									
DATE 4/26/06		TIME		PRESCRIBER SIGNATURE [Signature]		STAMP Harjinder Bhatti, MD		RPH Thomas Schwane, PA	

Write medication orders beginning from bottom of page
Chart Copy-White, Pharmacy Copy-Yellow

NYC 000105

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

CHS FORM A

MEDICATION ORDER SHEET

USE BALL POINT PEN AND PRESS FIRMLY

ALLERGIES _____

4

PATIENT LAST NAME		FIRST NAME	
ID #		LOCATION	
DRUG		NEW	
INDICATION			
DOSE	ROUTE	RENEW	
FREQUENCY	DURATION	CHANGE	
DATE	TIME		
MD / PA SIGNATURE			
D / C DATE	NURSE	TIME	RPH

1

PATIENT LAST NAME		FIRST NAME	
ID #		LOCATION	
DRUG		NEW	
INDICATION			
DOSE	ROUTE	RENEW	
FREQUENCY	DURATION	CHANGE	
DATE	TIME		
MD / PA SIGNATURE			
D / C DATE	NURSE	TIME	RPH

5

PATIENT LAST NAME		FIRST NAME	
ID #		LOCATION	
DRUG		NEW	
INDICATION			
DOSE	ROUTE	RENEW	
FREQUENCY	DURATION	CHANGE	
DATE	TIME		
MD / PA SIGNATURE			
D / C DATE	NURSE	TIME	RPH

2

PATIENT LAST NAME		FIRST NAME	
ID #		LOCATION	
DRUG		NEW	
INDICATION			
DOSE	ROUTE	RENEW	
FREQUENCY	DURATION	CHANGE	
DATE	TIME		
MD / PA SIGNATURE			
D / C DATE	NURSE	TIME	RPH

6

PATIENT LAST NAME		FIRST NAME	
ID #		LOCATION	
DRUG		NEW	
INDICATION			
DOSE	ROUTE	RENEW	
FREQUENCY	DURATION	CHANGE	
DATE	TIME		
MD / PA SIGNATURE			
D / C DATE	NURSE	TIME	RPH

3

PATIENT LAST NAME		FIRST NAME	
ID #		LOCATION	
DRUG		NEW	
INDICATION			
DOSE	ROUTE	RENEW	
FREQUENCY	DURATION	CHANGE	
DATE	TIME		
MD / PA SIGNATURE			
D / C DATE	NURSE	TIME	RPH

NYC 000106

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

CHS FORM A

MEDICATION ORDER SHEET

USE BALL POINT PEN AND PRESS FIRMLY

ALLERGIES _____

4

PATIENT LAST NAME Rogers		FIRST NAME John	
ID # 349662008	LOCATION N.Y. State Psych		
DRUG Olanzapine		NEW	
INDICATION Pain management			
DOSE 2mg	ROUTE PO		RENEW
FREQUENCY Q 12 hours	DURATION 17 days	CHANGE	
DATE 4/11/08	TIME		
MD / PA SIGNATURE [Signature]			
D / C DATE	NURSE	TIME	RPH

1

PATIENT LAST NAME Rogers		FIRST NAME John	
ID # 349662008	LOCATION N.Y. State Psych		
DRUG Olanzapine		NEW	
INDICATION Pain management			
DOSE 2mg	ROUTE PO		RENEW
FREQUENCY Q 12 hours	DURATION 17 days	CHANGE	
DATE 4/11/08	TIME		
MD / PA SIGNATURE [Signature]			
D / C DATE	NURSE	TIME	RPH

5

PATIENT LAST NAME Rogers		FIRST NAME John	
ID # 349662008	LOCATION N.Y. State Psych		
DRUG Olanzapine		NEW	
INDICATION Pain management			
DOSE 2mg	ROUTE PO		RENEW
FREQUENCY Q 12 hours	DURATION 17 days	CHANGE	
DATE 4/11/08	TIME		
MD / PA SIGNATURE [Signature]			
D / C DATE	NURSE	TIME	RPH

2

PATIENT LAST NAME Rogers		FIRST NAME John	
ID # 349662008	LOCATION N.Y. State Psych		
DRUG Olanzapine		NEW	
INDICATION Pain management			
DOSE 2mg	ROUTE PO		RENEW
FREQUENCY Q 12 hours	DURATION 17 days	CHANGE	
DATE 4/11/08	TIME		
MD / PA SIGNATURE [Signature]			
D / C DATE	NURSE	TIME	RPH

6

PATIENT LAST NAME Rogers		FIRST NAME John	
ID # 349662008	LOCATION N.Y. State Psych		
DRUG Olanzapine		NEW	
INDICATION Pain management			
DOSE 2mg	ROUTE PO		RENEW
FREQUENCY Q 12 hours	DURATION 17 days	CHANGE	
DATE 4/11/08	TIME		
MD / PA SIGNATURE [Signature]			
D / C DATE	NURSE	TIME	RPH

3

PATIENT LAST NAME Rogers		FIRST NAME John	
ID # 349662008	LOCATION N.Y. State Psych		
DRUG Olanzapine		NEW	
INDICATION Pain management			
DOSE 2mg	ROUTE PO		RENEW
FREQUENCY Q 12 hours	DURATION 17 days	CHANGE	
DATE 4/11/08	TIME		
MD / PA SIGNATURE [Signature]			
D / C DATE	NURSE	TIME	RPH

NYC 000107

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name _____ DOB _____

FROM _____
Correctional institution / Inmate no.

Referred to _____ Ward / Clinic

Hospital _____ / Clinic no.

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____ NYC 000108

Habib Kamkhaji, MD

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DOCTORS ORDERS

Name Nyes Jason

Case No. 349-06-026

Ward _____

[illegible]

ATTN: NIC

118 546.1154
Dept Dorm 2-A
Dr Warden

RE: Jason Reyes

3490662628

Medical Info:



Neuroscience Associates of New York

399 Targem Street, Staten Island, NY 10314 • 718/448-3210 • Fax 718/815-2370

Neurology

Stephen A. Kirsch, M.D., FAAN, FACP
Steven B. Schwartzberg, M.D.
Audrey L. Roberts, M.D.

Pain Management

Germine N. Rowe, M.D., FAAPM, FRCPC
Alan D. Berman, D.O.

Neurological Surgery

Edwin M. Chang, M.D., FACS
John S. Shloul, M.D., FACS
Anthony J.G. Austra, M.D.

Emotions

Harvey R. Lovenheim, M.D., FACS

Neuropsychology

Deborah L. Weiss, Ph.D.

March 20, 2006

Re: Jayson Reyes

To Whom It May Concern:

Mr. Reyes has been a patient in our pain management practice since June of 2003. He is being treated medically for RSD or reflex sympathetic dystrophy also known as complex regional pain syndrome. RSD is a chronic neurological disease caused by a disturbance in the sympathetic nervous system. RSD is characterized by symptoms of severe pain and increased sensitivity in the area of pain associated also with swelling, color and temperature changes, circulatory changes as well as impairment in motor function or reduced range of motion.

For the patient's pain symptoms, he has been previously treated with a regimen of Oxycodone, 30 milligrams, every 12 hours; Cymbalta, 60 milligrams a day, and Lidoderm patches, 12 hours on and 12 hours off as well as Provigil, 200 milligrams a day.

If you have any further questions, please feel free to contact us in our office at 718-448-3210 ext 2287.

Sincerely yours,

Naomi Alcock, P.A.
Germine N. Rowe, M.D.

NA/cw

Under the supervision of Dr. Rowe

2020 4th Avenue Brooklyn, NY 11209 • 718/238-0878

A Division of HEALTHCARE ASSOCIATES in Medicine, PC

Page 1 of 1

NYC 000113



HEALTHCARE ASSOCIATES in Medicine, PC

1099 Rungas Street, Staten Island, NY 10314 • Phone: (718) 428-3210 • Fax: (718) 442-5085

FAX TRANSMISSION

DATE: 2/13/06
TO: Reserve 398-8995

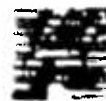
COMPANY:

FAX

RE:

Number of p

MESSAGE



Neuroscience Associates of New York

A Division of HEALTHCARE ASSOCIATES in Medicine
1099 Rungas Street, Staten Island, NY 10314 • 718/442-3210
1099 4th Avenue, Brooklyn, NY 11209 • 718/268-0878

Neurology
William A. Wacht, MD, FAAN, FACP
Steven B. Schwartzberg, MD
Maurice L. Hershman, MD
Pain Management
Bernard H. Topp, MD, FAAPM, FRCPC
Bernard Topp, MD

Neurologic Rehab
1099 Rungas Street
Staten Island, NY 10314
718/442-3210

Neurologist Surgery
Loren M. Chang, MD, FACS
John R. Shinn, MD, FACS
Anthony J. Amodio, MD

Neurology & Rehabilitation
Harvey R. Levinthal, MD, FACS

Neurology
Stephen A. Bick, MD, FACS, FAHA
Arthur L. Scherer, MD

Neurologic Rehabilitation
Loren M. Chang, MD, FACS
John R. Shinn, MD, FACS
Anthony J. Amodio, MD, FACS
Harvey R. Levinthal, MD, FACS

Neurology
John M. Chang, MD, FACS
John R. Shinn, MD, FACS
Anthony J. Amodio, MD, FACS
Harvey R. Levinthal, MD, FACS

Neurology
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John R. Shinn, MD, FACS
Anthony J. Amodio, MD, FACS

Neurology
Loren M. Chang, MD, FACS
John R. Shinn, MD, FACS
Anthony J. Amodio, MD, FACS

Re: Reyes, Jayson

To Whom It May Concern:

Please be advised that the above named patient is under my care.

At the present time the patient:

may return to work full duty

may return to work with the following limitations:

may not return to work

is unable to drive a car.

This fax may contain information that is confidential to you after the recipient, you information is

This fax may contain information that is confidential to you after the recipient, you information is immediately

It is treated medically for his pain symptoms with a regime of Oxycodone 20mg every 12 hours, Amitriptyline 60mg/day, and Lidocaine patches 12 hours, 12h off. He also uses Provigil 300mg/day. If you have any further questions, please contact me. Sincerely, W. Rouse H.

NIC D2A

TEMPORARY PERMIT FOR CANES/MEDICAL ITEMS

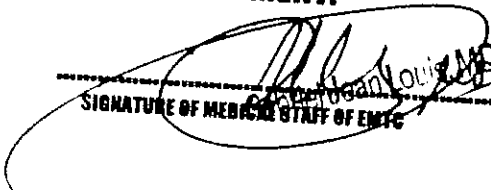
TO EMTG- DEPARTMENT OF CORRECTIONS
OFFICER IN CHARGE OF HOUSING AREA--

DATE ISSUED 4/13/06

DATE EXPIRED INDEFINITE

INMATE REYES, JASON 3490602628
NAME BOOK-N-CASE NUMBER

DUE TO MEDICAL REASONS HAS BEEN AUTHORIZED THE USE OF CRUTCHES
BY RECOMMENDATION OF THE MEDICAL DEPARTMENT.


SIGNATURE OF MEDICAL STAFF OF EMTG

INTER-HOSPITAL TRANSFER RECORD

From (Sending Hospital):

Bellme

To (Receiving Hospital):

Rivers NIC - Port 2 B

Date: *4/17/06*

Clinical Service:

Medicine

Patient's Name (Last)

Reyes

(First)

Jayson

Sex

M

Age

23

Birthdate

1/13/83

Medical Record #

3086604

Address

Borough

Zip

Apt. #

Telephone #

Next of Kin (Name)

Relationship

Telephone #

Transfer Notification

☐ YES ☐ NO

Name/Title of Person Contacted at Receiving Hospital

DR. Ihim Da Basini

Telephone #

Diagnosis and Remarks:

Reflex sympathetic dystrophy

Past Medical History (including allergies, medications taken):

ESD 212 ankle trauma

Physical Findings and Treatment (including medications, IV fluids, and blood administered, lab and X-ray results, procedures done)

Oxycontin SR 10 mg q12 (1 tablet up PRN)

Neurontin 300 PO BID

Lidoderm patch (or ointment)

Cymbalta 40 mg QD

Prozac 200 mg qAM

It would benefit from wheel chair

Special Equipment Transferred:

☐ X-Rays to Accompany Patient

☐ Laboratory Reports Attached

☐ Copy of E.R. Chart

Reason for Transfer:

☐ HHC Bed Unavailable

☐ Services Not Available

☐ Patient Request

☐ Other:

Patient's Condition at Transfer:

☐ Critical

☐ Serious

☐ Fair

☐ Good

Approved - Physician in Charge (Sending Hospital)

Name Print: *JEFF SCHWARTZ*

Title: *PG&2*

Approved Hospital Administrator

Name Print:

Signature:

MD Telephone # *917-401-1403*

Signature:

Time:

Emergency Medical Service Notified Time:

AM/PM

Operator:

Time Ambulance Arrived at E.R.

AM/PM

Time Patient Transferred

AM/PM

Receiving Physician

Name Print:

Signature:

MD

Time:

Name of Accompanying Staff Member in Ambulance

☐ MD

☐ RN

Patients Valuables:

☐ Sent with Patient

☐ Given to Family

☐ Retained at Hospital

Patient's Clothing:

☐ Destroyed

☐ Discarded

☐ Given to Family

☐ Retained at Hospital

Staff Signature:

Family Signature:

Family Signature:

General Comments/Mental Status Evaluation:

NYC 000116

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name _____		DOB _____
FROM _____	Correctional institution _____	Inmate no. _____
Referred to _____	Ward / Clinic _____	
Hospital _____	/ Clinic no. _____	

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name _____ DOB _____

FROM _____
Correctional institution / Inmate no.

Referred to _____ Ward / Clinic

Hospital _____ / Clinic no.

Chief complaint or findings:

NY

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

ate _____ Physician _____

Printed: Apr 17, 2006 01:15 pm
 Bellevue Hospital Center
 462 First Avenue
 New York, NY 10016

Reyes, Jayson 3086604-2 EP?IF
 19S S46SA1 Age:23Y Sex:male
 DOB: Jan 13, 1983 MR# 3086604
 Admitted: Apr 15, 2006
 Attndg Physician: Bails, Douglas, MD
 Service: General Medicine

Apr 17, 2006 01:14 pm: Discharge Summary

Disch Date : Mon, 17 Apr 2006
 Reason for Admission : Left foot pain
 Findings/Course :

Pt is a 23 yo DOC prisoner with h/o reflex sympathetic dystrophy secondary to forklift vs left ankle resulting in severe sprain at Home Depot who presents with inability to walk and worsening left ankle pain ever since being arrested when his outpatient pain regimen was discontinued. He had previously been on Oxycontin SR 20 q12, Cymbalta 60 qd, Lidoderm patch, Provigil 200 mg qd. All of these meds were discontinued when pt was arrested. Pt was evaluated by Neurology in ER who recommended Percocet, Neurontin and Lidocaine ointment.

Pt reported some improvement in his pain symptoms. Ankle film was negative. He was not able to ambulated however.

Pt stable for discharge. Should receive Oxycontin SR 10 q12 and titrate up PRN, Neurontin 300 TID, Lidoderm patch or ointment if patch not available. Would consider adding Cymbalta and or Provigil if symptoms continue. Would also recommend pt receiving a wheelchair.

Disch Prescriptions : Oxycontin SR 10 q12, Neurontin 300 tid,
 Lidoderm patch
 Disposition : transferred to RIKERS
 Problem # 1 : Reflex Sympathetic Dystrophy, Lower Limbs

Electronically signed by Schwarz, Scott, MD

Apr 17, 2006

NYC 000119

Bellevue Hospital Center Discharge Instruction Sheet

IMPORTANT: Please bring this form to your first appointment with your doctor.

IMPORTANTE: Por favor, traiga ésta documento a la primera visita con su médico.

重要通知: 第一次看醫生時請您帶上這張表格。

MD to Complete

Diagnoses: Reflex Sympathetic Dystrophy

Surgery/Special Procedures: _____

Home Care Ordered: ☐ Not Required ☐ Yes Give DVT Discharge Instructions ☐

Activity Limitations: ☐ None ☒ Yes/Specify: As tolerated

Allergies: ☐ No Known Allergy ☒ Yes/Specify: Penicillin Diet Ordered: ☒ Regular ☐ Other/Specify: _____

Your Medications Are: ☐ No Medication Ordered

Name	Dose	How Often	Reason for Taking
------	------	-----------	-------------------

Reg. and a 32-12 mg q 12 and 1000 mg p.i.v.

Neurontin 300 mg

Lidocaine patch 2.5% x 10 cm

Cyclobenzaprine 10 mg qd

Hydrocodone 100 mg q 4h

Additional Instructions (e.g., labs, tests, non-drug pain management, etc.): _____

Your Follow-up Care: ☐ To Be Seen in Bellevue Clinic: see below

☐ Referred to Bellevue Stop Smoking Program at 5 South 51, (212) 562-4748.

MD Requested Appointment				SMS Appt Given	
Clinic	Date Requested	MD (if known) PRINT		Date	Time
(<input checked="" type="checkbox"/>) NEW	_____ days or _____ weeks	<u>Dr. [Signature]</u>			
(<input type="checkbox"/>) REV					
(<input type="checkbox"/>) NEW	_____ days or _____ weeks				
(<input type="checkbox"/>) REV					
(<input type="checkbox"/>) NEW	_____ days or _____ weeks				
(<input type="checkbox"/>) REV					

☐ Patient Requests Appointment with Private MD.

☐ Refer to Non-Bellevue Managed Care Provider.

MD Name (Print): _____ MD Signature: _____

Date: _____ ID Number: _____

Please use ball point pen and print legibly.

Referring DOC Facility: _____
Name of referring MD _____
(Please Print)
Hospital Run: ☐ EMS ☐ DOC: 2.3 hr. MD Phone # _____
Date: 11/26/07 Time: _____ AM/PM
Referred to: ☐ KCHC ☐ Elmhurst ☒ Bellevue
☐ Other: _____
Patient Name: _____
B&C #: _____ (Please Print) DOB: 11/26/07
Contact Urgicare if you have questions: **Beeper# 917-949-1234**
Phone# 718-546-4333

COMPLAINT:

PE

PMH:

Studies/Labs

MEDS

Tx@RI

Allergies:

Significant ED findings/studies:

Discharge Dx:

Recommended FU:

Fax completed form to Urgicare Center @ time of discharge - 718-546-4382

Physician Name (print) _____ Signature: _____ Date: _____
Phone # _____

CONTACT URGICARE IF YOU HAVE QUESTIONS / INFORMATION.
FOR BOROUGH HOUSES CONTACT REFERRING PRACTITIONER (ABOVE).

BEEPER #: 917-949-1234
PHONE #: 718-546-4333



HEALTHCARE ASSOCIATES in Medicine, PC

1099 Jargess Street, Staten Island, NY 10314 • Phone (718) 448-3210 • Fax (718) 442-9003

FAX TRANSMISSION

DATE: 4/11/06
 TO: Pediatric
 COMPANY: _____
 FAX: 398-8995
 RE: _____

FROM: Navarro
 DEPT: _____
 FAX: 718-447-7192
 TEL: 718-448-8210 X _____

HONORARY
 Stephen A. Feltz, MD, MAC, DOP
 Anthony J. Maguire, MD

PEDIATRIC HONORARY
 Stephen A. Feltz, MD, MAC, DOP
 Louis H. Blum, MD

ADJUNCT HONORARY
 Charles H. Chang, MD, MAC
 John J. Blum, MD
 Anthony J. Maguire, MD
 Harvey A. Lippman, MD, MAC
 Steven

ORTHOPEDIC
 Stephen A. Feltz, MD, MAC
 Joseph A. Sauer, MD, MAC
 Albert B. Aronow, Jr., MD
 John J. Blum, MD
 David A. Sauer, MD
 Joseph J. Sauer, MD, MAC

Number of pages included: _____

OFFICIAL NEW YORK STATE PRESCRIPTION

Prescription form with handwritten details. Patient Name: Justin P. [illegible], DOB: 11/1/05. Address: 332 5th Ave. Prescribed by: Dr. [illegible]. Date: 4/11/06. The form includes a section for the pharmacist's signature and a stamp at the bottom.

OFFICIAL NEW YORK STATE PRESCRIPTION

Prescription form with handwritten details. Patient Name: Justin P. [illegible], DOB: 11/1/05. Address: 332 5th Ave. Prescribed by: Dr. [illegible]. Date: 4/11/06. The form includes a section for the pharmacist's signature and a stamp at the bottom.

9220 4th Avenue
 Brooklyn, NY 11209

3311 Mylon Boulevard
 Staten Island, NY 10314

55 Columbia Avenue
 Staten Island, NY 10314

1460 Victory Boulevard
 Staten Island, NY 10314

2015

WITZ AVENUE
6700 23rd FORT
85004-1704 MONTGOMERY, AL 36117-5019

Lt Col J. C. Smith

12/17/71
5:00 PM
12/17/71
11:29 PM

RT OF	RF	DATE	MOQ	PH UNIT	DESCRIPTION	CLAIM REF. NO.	QTY SUPPLY	RETAIL PRICE	CUST PAID	DOCTOR	INSTRUCTIONS	STOCK
252390		12/11/05	WABU61201	000000	WABU61201	57325	75.00	25	\$37.94	\$ 00	ROME MD, GERMANY	Take 1 tablet every 04269
258329		02/17/05	63481068706	000000	63481068706	2202560501126	60.00	20	\$415.99	\$ 00	ALCOCK NAUMI	Take 1 tablet every 04269
258329		12/23/05	63481068706	000000	63481068706	2202560501126	60.00	20	\$415.99	\$ 00	ALCOCK NAUMI	Take 1 tablet every 04269
258357		12/23/05	63481068706	000000	63481068706	2202560501126	60.00	20	\$415.99	\$ 00	ALCOCK NAUMI	Take 1 tablet every 04269
258357		12/23/05	63481068706	000000	63481068706	2202560501126	60.00	20	\$415.99	\$ 00	ALCOCK NAUMI	Take 1 tablet every 04269
258357		12/23/05	63481068706	000000	63481068706	2202560501126	60.00	20	\$415.99	\$ 00	ALCOCK NAUMI	Take 1 tablet every 04269
258357		12/23/05	63481068706	000000	63481068706	2202560501126	60.00	20	\$415.99	\$ 00	ALCOCK NAUMI	Take 1 tablet every 04269
258357		12/23/05	63481068706	000000	63481068706	2202560501126	60.00	20	\$415.99	\$ 00	ALCOCK NAUMI	Take 1 tablet every 04269
258357		12/23/05	63481068706	000000	63481068706	2202560501126	60.00	20	\$415.99	\$ 00	ALCOCK NAUMI	Take 1 tablet every 04269
258357		12/23/05	63481068706	000000	63481068706	2202560501126	60.00	20	\$415.99	\$ 00	ALCOCK NAUMI	Take 1 tablet every 04269
258357		12/23/05	63481068706	000000	63481068706	2202560501126	60.00	20	\$415.99	\$ 00	ALCOCK NAUMI	Take 1 tablet every 04269
258357		12/23/05	63481068706	000000	63481068706	2202560501126	60.00	20	\$415.99	\$ 00	ALCOCK NAUMI	Take 1 tablet every 04269
258357		12/23/05	63481068706	000000	63481068706	2202560501126	60.00	20	\$415.99	\$ 00	ALCOCK NAUMI	Take 1 tablet every 04269
258357		12/23/05	63481068706	000000	63481068706	2202560501126	60.00	20	\$415.99	\$ 00	ALCOCK NAUMI	Take 1 tablet every 04269
258357		12/23/05	63481068706	000000	63481068706	2202560501126	60.00	20	\$415.99	\$ 00	ALCOCK NAUMI	Take 1 tablet every 04269
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***** THIS REPORT CONTAINS PATIENT HEALTH INFORMATION WHICH IS LEGALLY PROTECTED UNDER HIPAA LEGISLATION *****
***** THIS INFORMATION MUST BE USED AND STORED IN ACCORDANCE WITH THE AID PRIVACY POLICY *****

*For review by [unclear]
Physician
The Medications he takes will
not allow even sedentary
work*

**The Home Depot
Physical Capabilities Evaluation Form**

Please complete the following items based on your actual experience at **Jaxco Rovers**

Associate Name

Claim Number

Date of Injury

DOB

Social Security Number

In an 8 hour workday, the associate can: (circle one selection usually)

Run	1	2	3	4	5	6	7	8	(Hours)
Stand	1	2	3	4	5	6	7	8	(Hours)
Walk	1	2	3	4	5	6	7	8	(Hours)
Drive	1	2	3	4	5	6	7	8	(Hours)

Constantly

With Rest

Please check the amount of weight and frequency that the associate can lift/carry

Amount of Weight	Never	Occasionally 1-30%	Frequently 34-60%	Constantly Unlimited
1-10 lbs.				
11-20 lbs.				
21-30 lbs.				
31-40 lbs.				
Over 40 lbs.				

Please check the frequency that the associate can perform the following activities

Activity	Never	Occasionally 1-30%	Frequently 34-60%	Constantly Unlimited
Climbing				
Reaching				
Twisting				
Bending				
Crouching				
Over 40 lbs.				
Reaching				

Please check the degree of work this associate can perform. Volume II of the Dictionary of Occupational Titles, pages 694-695, published by the U.S. Department of Labor (2nd ed. 1980).

no work
Please check the degree of work this associate can perform. Volume II of the Dictionary of Occupational Titles, pages 694-695, published by the U.S. Department of Labor (2nd ed. 1980).

Light Work: Lifting 25 lbs. maximum with frequent lifting and carrying of objects weighing up to 10 lbs. and then the use of the hand may be of a repetitive nature, a job in this category involves pushing or pulling of objects weighing up to 10 lbs. or more, or other physical demands that require a significant degree.

Medium Work: Lifting 25 lbs. maximum with frequent lifting and carrying of objects weighing up to 25 lbs.

Heavy Work: Lifting 25 lbs. maximum with frequent lifting and carrying of objects weighing up to 50 lbs.

Very Heavy Work: Lifting 25 lbs. maximum with frequent lifting and carrying of objects weighing up to 75 lbs.

Environmental Restrictions:

None

Yes (Please Describe)

Signature: *[Signature]*

Date: *3/2/04*

08 01 0004 10 00
TOTAL P 10

ATTN: NICK

718 546-1154

Dept Dorm 2-A
Dr Warden.

RE: Jason Reyes

3490662628

Medical Info:



Neuroscience Associates of New York

1099 Tongue Street, Staten Island, NY 10304 • 718/448-3210 • Fax 718/815-3320

Neurology

Stephen A. Kuck, M.D., FAAN, FACP
Steven J. Schwartzberg, M.D.
Andrew L. Frazee, M.D.

Pain Management

Germaleen N. Rowe, M.D., FAAPMR
Glenn D. Baruch, D.O.

Neurological Surgery
Edwin M. Chang, M.D., FACS
John S. Shau, M.D., FACS
Anthony J. Quattrone, M.D.

Emotions

Harvey A. Leventhal, M.D., FACS

Neuropsychology

Pauline L. White, Ph.D.

March 20, 2006

Re: Jayson Reyes

To Whom It May Concern:

Mr. Reyes has been a patient in our pain management practice since June of 2003. He is being treated medically for RSD or reflex sympathetic dystrophy also known as complex regional pain syndrome. RSD is a chronic neurological disease caused by a disturbance in the sympathetic nervous system. RSD is characterized by symptoms of severe pain and increased sensitivity in the area of pain associated also with swelling, color and temperature changes, circulatory changes as well as impairment in motor function or reduced range of motion.

For the patient's pain symptoms, he has been previously treated with a regimen of Oxycontin, 20 milligrams, every 12 hours; Cymbalta, 60 milligrams a day, and Lidoderm patches, 12 hours on and 12 hours off as well as Provigil, 200 milligrams a day.

If you have any further questions, please feel free to contact us in our office at 718 448-3210 ext. 2287.

Sincerely yours,

Naomi Alcock, F.A.
Germaleen N. Rowe, M.D.

NAW

Date: 10/27/2006 ID: 1271583

Page 1 of 1

2020 4th Avenue, Brooklyn, NY 11209 • 718/238-0878
A Division of HEALTHCARE ASSOCIATES of Medicine, PC

NYC 000126



HEALTHCARE ASSOCIATES in Medicine, PC

1099 Torgeson Street, Staten Island, NY 10304 • Phone: (718) 442-3210 • Fax: (718) 442-9785

FAX TRANSMISSION

DATE: 2/13/06
TO: Resara 398-8995

Neurom

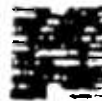
COMPANY:

FAX:

RE:

Number of p

MESSAGE



Neuroscience Associates of New York

A Division of HEALTHCARE ASSOCIATES in Medicine
1099 Torgeson Street, Staten Island, NY 10304 • 718/442-3210
4920 4th Avenue, Brooklyn, NY 11209 • 718/266-0878

Neurology

Stephen A. Lurie, MD, FAHA, FACP
Steven B. Schwartzberg, MD
Anthony J. Hays, MD

Pain Management

Samuel D. Topp, MD, FAHA, FACP
Samuel D. Topp, MD

Neurological Surgery

Michael R. Rupp, M.D.
1000 Torgeson Street
Staten Island, NY 10304
718/442-3210

Neurological Surgery

Leah M. O'Connell, M.D., FACS
John E. O'Connell, M.D., FACS
Anthony J. O'Connell, M.D.

Stroke

Harold R. O'Connell, M.D., FACS

Neurology

Stephen A. Lurie, MD, FAHA, FACP
Anthony J. Hays, MD

Neurological Surgery

Leah M. O'Connell, MD
John E. O'Connell, MD
Anthony J. O'Connell, MD, FACS

Neurology

John A. Chang, MD, FACS
John E. O'Connell, MD
Anthony J. O'Connell, MD, FACS
John E. O'Connell, MD, FACS

Neurology

John E. O'Connell, MD, FACS
John A. Chang, MD, FACS
John E. O'Connell, MD, FACS
John E. O'Connell, MD, FACS
John E. O'Connell, MD, FACS
John E. O'Connell, MD, FACS
John E. O'Connell, MD, FACS
John E. O'Connell, MD, FACS

Neurology

John E. O'Connell, MD, FACS
John A. Chang, MD, FACS

Pain Management

Samuel D. Topp, MD, FAHA, FACP
Samuel D. Topp, MD

Physical Therapy

John E. O'Connell, MD, FACS
John A. Chang, MD, FACS

Neurology

John E. O'Connell, MD, FACS

Date: 2/13/06
Re: Reyes, Dayson
To Whom It May Concern:

Please be advised that the above named patient is under my care for chronic foot pain so reflex
At the present time the patient: sympathetic dystrophy (RSD)

may return to work, full duty

may return to work with the following limitations:

may not return to work

is unable to drive a car

It is treated medically for his pain symptoms with a regimen of Oxycodone 20mg every 12 hours, Gabapentin 300mg/day, and Lidocaine patches 12 on, 12h off. He also uses Provigil 300mg/day. If you have any further questions, please contact me. Sincerely, Dr. Rupp

This fax may contain confidential information. If you are not the intended recipient, you should not disseminate this information.

This fax may contain confidential information. If you are not the intended recipient, you should not disseminate this information.

44th Avenue



HEALTHCARE ASSOCIATES in Medicine, PC

1099 Longue Street, Staten Island, NY 10314 • Phone: (718) 448-3210 • Fax: (718) 442-9085

FAX TRANSMISSION

DATE: 4/11/06
 TO: Rebecca
 COMPANY: _____
 FAX: 398-8925
 RE: _____

FROM: Davone
 DEPT: _____
 FAX: 718-447-7192
 TEL: 718-448-3210 X

PHYSICIAN
 Stephen A. Teller, MD, FACP, DCP
 Andrew L. Shapiro, MD
PHYSICIAN ASSISTANT
 Joseph A. Adamowicz, MD
 Louis M. Shost, MD
PHYSICIAN
 Robert A. Chang, MD, FACS
 John S. Shost, MD
 Anthony J. D. Shost, MD
 Barry R. Lomax, MD, FACS
 Shost
PHYSICIAN
 Stephen J. Teller, MD, FACS
 Joseph A. Adamowicz, MD, FACS
 Albert R. Shost, Jr., MD
 John S. Shost, MD
 David J. Shost, MD
 David J. Shost, MD, FACS

OFFICIAL NEW YORK STATE PRESCRIPTION

10-20-0007

DATE: 4/11/06

RECEIVED

88HST-18

OFFICIAL NEW YORK STATE PRESCRIPTION

10-20-0007

DATE: 4/11/06

RECEIVED

88HST-17

9220 4th Avenue
 Brooklyn, NY 11209

3311 Hyatt Boulevard
 Staten Island, NY 10310

68 Columbia Avenue
 Staten Island, NY 10310

1460 Victory Boulevard
 Staten Island, NY 10310

***** THIS REPORT CONTAINS PATIENT HEALTH INFORMATION WHICH IS LEGALLY PROTECTED UNDER HIPAA LEGISLATION *****
***** THIS INFORMATION MUST BE USED AND STORED IN ACCORDANCE WITH RITE AID PRIVACY POLICIES *****

Physical Capacities Evaluation Form

Please complete the following items based on your clinical evaluation of Juan Reyes

Apparate Name

Case Number

Date of Injury

DOB

Facial Injury Number

In an 8 hour workday, the apparate can (circle one selection each)

Activity	1	2	3	4	5	6	7	8	Hours
Sit									
Stand									
Walk									
Drive									

Constantly

With Max.

Please check the maximum force and frequency that the apparate can withstand

Amount of Force	Never	Occasionally	Frequently	Constantly
1 - 10 lbs.				
11 - 20 lbs.				
21 - 30 lbs.				
31 - 40 lbs.				
Over 40 lbs.				

Please check the frequency that the apparate can perform the following activities

Activity	Never	Occasionally	Frequently	Constantly
Carrying				
Lifting				
Pushing				
Pulling				
Twisting				
Reaching				

Please check the degree of work this apparate can perform. Volume II of the Dictionary of Occupational Titles, pages 604 - 605, published by the US Department of Labor in 1965, classifies jobs according to work in terms of strength required:

Light Work: Lifting 15 lbs. maximum and occasionally lifting and carrying such weight with arms or hands, legs, and trunk. Although a primary job is lifting or carrying, no more than 15 lbs. is carried or lifted in all cases. Frequent walking and standing are required. Frequent sitting and kneeling are not required.

Medium Work: Lifting 25 lbs. maximum and frequently lifting and carrying of objects weighing up to 25 lbs. Most jobs are of a highly skilled nature, a job is not necessary to have a high level of skill with a degree of precision and control of force or by means of a machine, repetitive motion or standing to a significant degree.

Heavy Work: Lifting 35 lbs. maximum and frequently lifting and carrying of objects up to 35 lbs.

Very Heavy Work: Lifting 45 lbs. maximum and frequently lifting and carrying of objects up to 45 lbs.

Extremely Heavy Work: Lifting 55 lbs. maximum and frequently lifting and carrying of objects up to 55 lbs.

Environmental Restrictions:

None

Yes (If over 3 months)

Signature Title

Date

98 41 0002 22-NYS
TOTAL P. 10

NYC 000130